

07/21/2017

NOT A LABORATORY

Updates from the MT
Laboratory Services

Bureau

800-821-7284

www.lab.hhs.mt.gov



Rules for Identifying, Reporting and Confirming Select Agents

The primary preparedness goal of the Montana Public Health Laboratory (MTPHL) is to be a resource to all the clinical and diagnostic laboratories of Montana. If you have a suspect select agent, follow the ASM Sentinel guidance and submit isolates that cannot be ruled out as select agent to the MTPHL for confirmatory testing. Do not send suspect select agent specimens/isolates to other reference laboratories, as this only complicates the process and puts others at risk for exposure.

The MTPHL is Montana's only Laboratory Response Network Reference Laboratory and only Federal Select Agent Program-registered diagnostic laboratory. Further, the Montana legislature grants MT-DPHHS with the authority to *"adopt and enforce rules regarding the reporting and control of communicable diseases"*. The [Montana Disease List](#) summarizes all the Communicable Diseases; either suspected or confirmed, that must be reported immediately to your local health department, and some that must be referred to MTPHL. This list includes organisms that are considered select agents. In summary, **if a clinical or diagnostic laboratory in Montana suspects a select agent, that specimen/isolate must be sent to the MTPHL for confirmation.**

If a suspected select agent is confirmed, Federal Select Agent Regulations require the reference laboratory and the submitting laboratory to report the identification of the select agent ([select agents & toxins list](#)), including the final disposition or destruction of all remaining culture material, to the Federal Select Agent Program within seven (7) calendar days, using the CDC Form 4.

We understand the state and federal laws involving the identification, transportation and disposing of select agents can be intimidating and confusing. Call us at 800-821-7284 for further guidance. Information regarding the Federal Select Agent Program can be found at www.selectagents.gov.



Summer Surveillance Submissions

The Montana Public Health Laboratory (MTPHL), in conjunction with the Centers for Disease Control, is requesting all positive influenza specimens (A and B) to be sent to the MTPHL for surveillance testing, including further characterization and anti-viral resistance testing.

Remember specimens should be collected within 3 days of symptom onset, placed in viral transport media and shipped cold.

If you have any questions, please contact us as 800-821-7284

Save the Date!

The Montana Public Health Laboratory (MTPHL), will offer packaging and shipping training in September 2016. Training will cover aspects of packaging, labeling, and documenting for Division 6.2 Infectious Materials, as required for packaging and shipping Category A Infectious Substances. This is one portion of training as required by 49 CFR 172.704 ([Training Requirements](#)).

Dates and locations are as follows, but official registration paperwork, including training location addresses will be coming soon.

September 12	Helena	Cogswell Building	12:00-4:00 PM
September 13	Bozeman	Homewood Suites	12:00-4:00 PM
September 15	Missoula	Holiday Inn Downtown	12:00-4:00 PM
September 26	Havre	Best Western Plus	8:00-12:00 noon

Release date: 7/21/2017

Infographic of the Week:



To download and print a high-resolution pdf version of MTDPHHS infographics, or to view the archive of weekly infographics, please visit the [CDEpi infographics page](#).

DISEASE INFORMATION

Summary – MMWR Week 28: Ending 7/15/17 Preliminary disease reports received by DPHHS for the reporting period July 9–15, 2017 included the following:

- **General Communicable Diseases:** Coccidioidomycosis (1), Elevated blood lead (2)
- **Enteric Diseases:** Campylobacteriosis (10), Cryptosporidiosis (2), Giardiasis (2), Salmonellosis (3), Shiga toxin producing *E. coli* [STEC] (1), Vibriosis (1)
- **Vaccine Preventable Diseases:** Pertussis (7), Varicella [chickenpox] (2)
- **STD/HIV:** Chlamydia (61), Gonorrhea (15), Syphilis, primary/secondary (1), Syphilis latent (1), HIV* (0)
- **Hepatitis:** Hepatitis C, chronic (30)
- **Zoonotic diseases:** Lyme Disease (1)[‡]
- **Animal Rabies:** (0)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

[‡]Case is acquired outside of Montana

NOTE: The attached report has multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; and (3) clusters and outbreaks.

HOT TOPICS

Live poultry *Salmonella* Outbreak: Since the last web update by CDC on June 1, 2017, 418 more ill people have been reported nationwide. The most recent illness began on June 20, 2017. In Montana, 16 persons have been affected by this outbreak. Find the latest information here: <http://www.cdc.gov/salmonella/live-poultry-06-17/index.html>

Pertussis: We continue to receive reports of new pertussis cases from Lewis and Clark County related to the outbreak that was identified in late May. Seven new cases were added over the last week. The median age of cases is 12 years and most were up to date with vaccination. In addition, two new cases were reported from McCone County – naturally at about the time we were ready to call the outbreak over! Both cases were not vaccinated and contact investigations are ongoing to identify those in need of prophylaxis.

The total number of pertussis cases reported to date in 2017 is 52, with the majority of cases attributed to outbreaks in McCone and Lewis and Clark Counties. As we round the bend from July to August (i.e., Back to School) it's time to start considering messaging for vaccines (including DTaP and Tdap) to be ready for school entry.

INFORMATION/ANNOUNCEMENTS

This Week's MMWR from CDC

MMWR Weekly
[Vol. 66, No. 28](#)
July 21, 2017

[PDF of this issue](#)

In this report

[Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014](#)

[Surveillance for Silicosis Deaths Among Persons Aged 15–44 Years — United States, 1999–2015](#)

[Progress Toward Measles Elimination — Bangladesh, 2000–2016](#)

Notes from the Field: [Cluster of Acute Flaccid Myelitis in Five Pediatric Patients — Maricopa County, Arizona, 2016](#)

Notes from the Field: [Cronobacter sakazakii Infection Associated with Feeding Extrinsically Contaminated Expressed Human Milk to a Premature Infant — Pennsylvania, 2016](#)

Notes from the Field: [Hospital Contact Investigation for a Patient Who Developed a Zoster Vaccine–Related Rash — Maryland, February 2015](#)

Announcement: [Community Preventive Services Task Force Recommendations for Multicomponent Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening](#)

Erratum: [Vol. 66, No. 23](#)

QuickStats: [Percentage of Office-Based Primary Care Physicians Accepting New Patients, by Source of Payment Accepted — National Electronic Health Records Survey, 2015](#)

Q&A CORNER

Q: I am wondering what is wrong with my timeliness indicator – why is it so low?

A: There are two parts to timeliness. The first measures the reporting lag from the provider to the local health jurisdiction and the other measures from the local health jurisdiction (LHJ) to the state. The LHJ to state reporting lag is calculated from MIDIS using Earliest Date Reported to County and the Notification Creation Date. Remember, there is no need to wait to click the create notification button; you can notify us of the case as soon as you have enough initial information to call it a suspect/probable case.

The following fields are used for timeliness calculations, so be sure they are as complete as possible:

- Diagnosis Date
- Date reported to county
- Create notification date

Also, please remember to update the case status to confirmed if applicable, when more laboratory testing becomes available, and to close the investigation when it is complete.

Q: I have a business that called me about mold remediation, what they were supposed to do and where they could find a qualified contractor to do the job. What do I tell them?

A: Local health jurisdictions may receive calls on residential mold as a general public health issue, but they may also receive calls on a private sector building in terms of a business that has employees. This last call is a little different from a state and national perspective. There is no specific program at the state level pertaining to certifying contractors for

mold remediation but the MT Department of Labor Safety Bureau as it relates to OSHA does have authority over businesses with employees and their health. The MT Department of Labor addresses what is required of businesses in relation to mold on their website at <http://erd.dli.mt.gov/safety-health/indoor-air-quality>

That site specifies that employers must:

- Remediate any visible mold.
- Inspect plants within the area for visible mold. Mold is commonly found on the plants, in the planting media or on the base of the pot. Additionally any humidifiers within the area shall be inspected for mold.

Under the Department of Labor Q and A, at the website above, they have their own Q and A stating:

Q: I work in an old library and I am afraid the children are getting sick from mold in the building. Can the Safety Bureau help us?

A: No, the Safety Bureau only has jurisdiction over employees and there is no OSHA standard for mold. If visible mold is present we would recommend contacting a qualified contractor to remediate the area.

So, there is no certification for contractors in Montana as it relates to mold remediation but there is a responsibility for employers to address a situation when it is identified.

Communicable Disease Epidemiology Suggestion Box:



To submit a question or comment to the Communicable Disease Epidemiology Section, please click on the suggestion box to access our online form.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Section is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Section. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://dphhs.mt.gov/publichealth/cdepi>